



STUDENT INFORMATION:

Last Name: _____ First Name: _____ M.I. _____

Gender: Female Male Date of Birth (MM/DD/YYYY): _____ Current Grade: _____

Home Address: _____ City: _____ Zip Code: _____

Name of Physician: _____ Physician's Phone: _____

List all allergies: _____

List all medications taken: _____

PARENT INFORMATION:

Parent 1

Last Name: _____ First Name: _____

Mobile Number: _____ Home Number: _____

Work Number: _____ Email Address: _____

Parent 2

Last Name: _____ First Name: _____

Mobile Number: _____ Home Number: _____

Work Number: _____ Email Address: _____

EMERGENCY CONTACTS (Please list up to 3 emergency contacts in the event parents cannot be reached. Designated Emergency Contacts are also granted permission to pick-up child from school.):

1. Name: _____ Relationship to Student: _____

Mobile Number: _____ Alt Number: _____

2. Name: _____ Relationship to Student: _____

Mobile Number: _____ Alt Number: _____

3. Name: _____ Relationship to Student: _____

Mobile Number: _____ Alt Number: _____

DISMISSAL INFORMATION (Please check all applicable boxes regarding your child's dismissal from school.):

Upon dismissal from school or after-school activities, my child may:

be picked up only by parents or the emergency contacts listed on this form.

walk or ride a bicycle, scooter, etc. home (excludes rainy days).

ride the designated FIDS bus (off-island students).

Signature of Parent Completing Form: _____ Date: _____